

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

337040

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		4				
13	1					
14	1					
15	1					
16	1					
17		3				
18		3				
19		3				
20		3				
21		4				
22		4				
23		4				
24		4				
25		4				
26	1					
27	1					
28	1					
29	1					
30		4				
31		4				
32		4				
33		4				
34		4				
35		4				
36		4				
37		4				
38	1					
39	1					
40	1					
41	1					
42		3				
43		3				
44		3				
45		4				
46		4				
47		4				
48		4				
49		4				
50		4				
TOTAL IND.	20					
TOTAL DEP.	215					
TOTAL CLAIMS	235					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55		4				
56		4				
57		4				
58		4				
59		4				
60		4				
61		4				
62		4				
63	1					
64	1					
65	1					
66	1					
67		3				
68		3				
69		3				
70		3				
71		4				
72	1	4				
73		4				
74		4				
75		4				
76	1					
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		7				
84		7				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIM		DATE	
FINAL	ORIGINAL		
	151	✓	
	152	✓	
	153	✓	
	154	✓	
	155	✓	
	156	2	
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	CLAIM	DATE
FINAL	ORIGINAL	
	101	
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